

**NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION
STUDENT-ATHLETE ELIGIBILITY CHECKLIST**

This form is to be used for student-athletes when questions have been raised about their eligibility during the completion of the NCHSAA Master Eligibility List, Parental Consent Form and the review of the NCHSAA Team Eligibility Checklist. This Eligibility Checklist is a guide and does not comprehensively ensure eligibility compliance.

STUDENT _____ **GRADE** _____

SPORT _____

Residency

_____ **(RECORD HOME ADDRESS)**

_____ Primary residence is in assigned district/attendance area **(if answer is “no”, please note below how assigned to school by LEA)**

_____ Is the address listed above the residence for the past 12 months? **(If the answer is “no” please note below former residence and how assigned to school by LEA)**

_____ Assigned to school by LEA

_____ Transfer _____ Accept & Release Forms (if appropriate)

_____ Other (please note reason) _____

_____ Student lives with biological parent(s)

_____ Student lives with legal (court-ordered) custodian(s)

_____ Student has attended current school past two (2) semesters

_____ Other (please note) _____

Attendance, Scholastic Requirement, Promotion, Age, 8-Semester Rule, Sport Season(s)

_____ Student currently enrolled and attending this school

_____ Student had 85% attendance previous semester (less than 13.5 days in 90 day semester)

_____ Student is/will take minimum academic load each semester (must be credited courses)

_____ Student passed minimum academic load previous semester

_____ Student has met local promotional standards and any local GPA requirements of LEA

_____ Student will not turn 19 years of age on or before October 16 of current year

_____ Date of birth

_____ Year of 1st entry in 9th grade

_____ Student has/will not exceed four (4) separate seasons in that sport(s) w/ participation in the current year

_____ Student has not been convicted of a felony.

_____ Student has medical examination (365 day period through end of season)

_____ Date of Medical Examination

_____ Student Insurance

_____ School

_____ Parent/Custodial waiver

Athletic Director _____

Coach _____

Principal _____